

APPLICATION FOR ADMISSION TO MONTEVUE HOME

355 Montevue Lane, Frederick, Maryland 21702

(301) 600-1582 FAX (301) 600-2821



COMMISSIONERS

Jan H. Gardner
President

David P. Gray
Vice President

Kai J. Hagen

Charles A. Jenkins

John L. Thompson, Jr.

Name: _____ Gender M F Marital Status S M W D
Address: _____ Telephone #: _____
SS #: _____ DOB: _____ Place of Birth: _____
Citizenship: _____ Race: _____ Occupation: _____

Medicare Part A #: _____ Effective Date: _____
Part B #: _____ Effective Date: _____
Medicare Part D #: _____ Effective Date: _____
Medical Assistance #: _____ Effective Date: _____
Other Medical Insurance: _____ Effective Date: _____

Last Dates of Hospitalizations or Skilled Nursing Facility (SNF) and Name of Facility:

Total Monthly Income:

Social Security \$ _____ Pension \$ _____

Other \$ _____

Bank Account (type): _____

Name of Bank: _____

Bank Account (type): _____

Name of Bank: _____

Do you have any other assets or own any real estate property? Y N

If so, please list and include the estimated value:

Life Insurance? Y N

If so, please provide name of company, policy #, and policy holder's name:

Is the applicant a Veteran or Dependant of a Veteran? Y N

If so, please provide the claim # and Military Branch:

Name of Funeral Home/Mortician to be contacted in case of death:

Address: _____ Telephone #: _____

Burial Arrangements:

Prepaid? Y N

Date: _____

Irrevocable? Y N

Desired Type of Burial: _____

Name of Cemetary: _____

Address: _____ Telephone #: _____

ADMINISTRATOR

Diane L. Grove, R.N.

e-mail:
dgrove@fredco-md.net



TRUSTWORTHINESS • RESPECT
RESPONSIBILITY • FAIRNESS
CARING • CITIZENSHIP

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Pillars of Character are service
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Josephson Institute of Ethics.
www.charactercounts.org

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Any additional comments: _____

Emergency Contacts – Name and Address: Relationship Telephone #

1. _____
2. _____

I, hereby, certify the foregoing to be a true and accurate statement of the financial circumstances said applicant to the best of my knowledge and belief and agree to an investigation of same if such action be deemed advisable. If admitted to Montevue Home, I agree to abide by all rules and regulations of the home and fully understand that I may be discharged from Montevue Home, if in the opinion of the Administrator, such action be deemed advisable.

It is further understood and agreed that if unable to pay at present, the County may make a claim on the estate (property, insurance, etc.) of the resident, to defray expenses and request payment if the resident becomes financially able through improved personal resources.

Given under our hands this _____ day of _____, 200 .

Signature of Responsible Party/Next of Kin

Signature of Applicant

Address

Telephone #

Witness

Approval of Admission

The admission of the above named applicant to Montevue Home is hereby _____
Approved/rejected, subject to the terms and conditions here in above stated.

Dated this _____ day of _____, 200 .

Administrator



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